

**PROPOSED REGULATION OF THE
STATE BOARD OF HEALTH**

LCB File No. R129-99

October 6, 1999

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §§1-7, 9-32 and 35, NRS 449.037; §8, NRS 233B.050 and 449.037; §§33 and 34, NRS 439.150, 449.037 and 449.050.

Section 1. Chapter 449 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 32, inclusive, of this regulation.

Sec. 2. *As used in sections 2 to 32, inclusive, of this regulation, unless the context otherwise requires, the words and terms defined in sections 3 to 7, inclusive, of this regulation have the meanings ascribed to them in those sections.*

Sec. 3. *“Administrator” means the person who is appointed by the governing body of a facility who has primary responsibility for the overall operations of the program of the facility.*

Sec. 4. *“Client” means a resident or patient of a facility.*

Sec. 5. *“Facility” means a facility for modified medical detoxification as defined in NRS 449.00385.*

Sec. 6. *“Overall program” means tasks that are commonly undertaken by a board of directors, including, without limitation, general fiscal management, fund-raising projects and establishing the general long-term goals of a facility.*

Sec. 7. *“Program” means the program established pursuant to section 15 of this regulation.*

Sec. 8. 1. *As a condition of the issuance of a license to a facility, the facility shall provide proof that it is certified by the bureau of alcohol and drug abuse in the department of human resources.*

2. If the bureau of alcohol and drug abuse in the department of human resources revokes or does not renew the certification of a facility, the health division shall revoke the license of the facility subject to the appeals procedure set forth in NAC 439.300 to 439.395, inclusive.

Sec. 9. 1. *Each facility shall have a governing body that has the ultimate authority for the administration of the overall program of the facility.*

2. The governing body shall adopt written bylaws and policies that define the powers and duties of the governing body, its committees, the administrator and any advisory group.

3. The bylaws and policies must:

(a) Identify the overall goals of the facility;

(b) Include, without limitation, an organizational chart of the facility;

(c) Define the major lines of authority and areas of responsibility within the program of treatment provided by the facility;

(d) Define the membership of the governing body, the types of membership, the method of selection or appointment of members, offices or committees and their terms of office; and

(e) Define the frequency of meetings of the governing body and attendance requirements.

4. The governing body shall:

(a) Appoint a qualified administrator of the facility with authority and responsibilities appropriate to the requirements of the program;

(b) Establish policies governing the responsibilities, authority and duties of the administrator that are designed to enable the administrator to perform the administrative and treatment functions of the facility;

(c) Appoint a medical director of the facility who is responsible for the medical services provided at the facility;

(d) Determine, in accordance with state law, which categories of practitioners are eligible to be appointed to the medical staff of the facility;

(e) Appoint members to the medical staff of the facility who are accountable to the governing body for the quality of medical care provided to clients of the facility, taking into consideration any recommendations of the existing members of the medical staff;

(f) Review and revise the bylaws and policies of the governing body;

(g) Adopt controls designed to achieve and maintain maximum standards of service; and

(h) Review and approve an annual budget to carry out the objectives of the program.

5. The governing body shall retain the ultimate responsibility for the overall program and its objectives.

6. The governing body shall meet at least semiannually. Minutes must be kept of the meetings, including, without limitation, the date of each meeting, those in attendance, topics discussed, decisions made and actions taken, and all program reports.

Sec. 10. 1. *Each facility shall have written policies and procedures available to members of the staff, clients and the public that govern the operation of the facility and services provided by the facility.*

2. The policies must:

(a) Ensure that only those persons are accepted as clients whose needs can be met by the facility directly or in cooperation with community resources or other providers of treatment with which it is affiliated or has contacts.

(b) Ensure that a client whose physical or mental condition has changed to such an extent that he can no longer be adequately served by the facility will be transferred promptly to an appropriate facility. Written transfer agreements or other written provisions with such other facilities must be maintained by the facility.

(c) Set forth the rights of clients and members of the staff and provide for the registration and disposition of complaints without threat of discharge or reprisal against any employee or client.

Sec. 11. 1. *Except in the case of an emergency, the transfer of a client must not be effected until the client, attending physician of the client, if any, and responsible agency are consulted in advance.*

2. Except as otherwise provided in subsection 3, if a client is transferred to a hospital or other medical facility, a summary of discharge containing a plan for continuation of care must be prepared and forwarded to the receiving facility if the client or his guardian consents to release such information to the receiving facility.

3. If a client is transferred to a hospital or other medical facility as a result of a medical emergency, information required for appropriate continuation of care must be released to the receiving facility in compliance with the standards set forth in 42 C.F.R. Part 2.

4. The admission agreement must not allow the licensee or his designee to be given power of attorney.

Sec. 12. 1. *If a facility handles the money of a client, a written ledger account of all deposits, disbursements or other transactions must be maintained. A record must be made available to the client at least quarterly.*

2. The money of a client must be given to him within 24 hours of his exit from the facility.

3. Large sums of money must be maintained in a financial institution in the community where the facility is located in a separate trustee account apart from the operational accounts of the facility and must be clearly designated.

Sec. 13. *If a facility holds or stores the belongings of a client, there must be an inventory of the belongings on admission, made a part of the record of the client and updated as needed. These belongings must be returned to the client upon his exit.*

Sec. 14. *Liability insurance in a sufficient amount to protect clients, members of the staff, volunteers and visitors, must be maintained by each facility. A certificate of insurance must be furnished to the health division. The certificate must include, without limitation, provision for 30 days' notice to the health division of cancellation or the nonrenewal of a policy of insurance.*

Sec. 15. 1. *Each facility shall have a written program outlining short-term and long-term objectives and goals. These goals must be realistic, attainable, and clearly and operationally defined.*

2. Each component of the program must develop objectives that complement the goals of the program.

3. The bureau of alcohol and drug abuse in the department of human resources shall:

(a) Periodically evaluate the program;

(b) Prepare a report of the evaluation; and

(c) Distribute the report to the persons who manage the program and make the report available to the members of the staff of the facility and the bureau of licensure and certification of the health division.

4. The facility shall provide for the medical, dental and psychological services needed to fulfill the goals of the program and meet the needs of all its clients to the maximum extent possible, with assistance from available community resources.

5. If a facility provides services through outside sources, formal, written arrangements must be made ensuring that the services are supplied directly by, or under the supervision of, qualified persons.

6. Each facility shall provide case management services as needed by a client through a social worker or a registered nurse or by written agreement with a social worker or a registered nurse.

7. A plan for case management must be recorded in the records of a client and must be periodically evaluated in conjunction with the treatment plan of the client.

8. Each facility shall review its general program at least annually. Areas reviewed must include, without limitation, appropriateness of admissions, lengths of stay, discharge planning, use of services and utilization of the components of the program and outside services. Written reports of the reviews must be evaluated by the governing body, administrator and such committees as they designate. Documentation of the evaluation process must be maintained at the facility.

Sec. 16. 1. *The administrator of a facility is responsible to the governing body of the facility for the operation of the facility in accordance with the policies and procedures of the facility.*

2. The administrator shall:

(a) Organize the administrative functions of the program, delegate duties and establish a formal means of accountability on the part of subordinates.

(b) Ensure that a written manual defining the policies and procedures of the program is prepared, regularly revised and updated. The manual must:

(1) Contain all policies and procedures of the facility including, without limitation, definitions and other documentation required by sections 2 to 32, inclusive, of this regulation; and

(2) Be available to members of the staff of the facility at all times at designated and convenient locations.

(c) Appoint a person who has attained the age of majority to act for him during any extended absence.

Sec. 17. 1. *Each facility shall have on duty, all hours of each day, members of the staff sufficient in number and qualifications to carry out policies, responsibilities and program continuity.*

2. All members of the counseling staff of a facility shall be authorized by state law to provide alcohol and drug counseling.

3. The administrator or his appointee shall be present and responsible for the operations of the facility during normal hours.

4. Each facility shall have written policies and procedures for the recruitment, selection, promotion and termination of members of the staff.

5. Each facility shall have written policies and procedures concerning wages and salaries, working hours, employee benefits, vacation and sick leave, rules of conduct, and training and development of the staff.

6. Each facility shall provide an orientation session to new employees. Documentation of the session must be maintained in the personnel file of the employee.

7. Each facility shall have written policies and procedures governing disciplinary actions that clearly define the mechanism for the suspension or dismissal of members of the staff as well as the procedures for appeal.

8. Each facility shall maintain a written job description for each position at the facility. The job description must accurately reflect the actual job situation and must be reviewed annually or whenever a change in the responsibilities of the job or qualifications occurs. Job descriptions must be available on request to all members of the staff. A job description must include, without limitation:

(a) The title of the job;

(b) The tasks and responsibilities of the job;

(c) The skills, education and experience necessary for the job;

(d) The relationship of the job to other jobs within the program; and

(e) The working conditions, location and shift of the job and the materials and equipment to be used on the job.

9. Each facility shall maintain a personnel record for each employee of the facility. The record must include, without limitation:

(a) The employment application;

(b) Letters of recommendation;

- (c) Records from any investigation of the employee;*
- (d) Verification of training, experience and certification;*
- (e) Job performance evaluations;*
- (f) Incident reports; and*
- (g) Disciplinary actions taken.*

10. Each facility shall maintain personnel records in a secure manner and make them available only to those persons authorized to receive personnel records in the written policies and procedures of the facility. An employee must have access to his own file upon request.

11. Each person employed in a facility shall have a preemployment physical examination or certification of a 3-year health record from a physician, and be tested for tuberculosis as required in chapter 441A of NAC.

Sec. 18. 1. *Each facility shall have an organized plan for nursing service that provides nursing services 24 hours per day. The nursing services must be provided or supervised by a registered nurse in compliance with state law, including, without limitation, chapter 632 of NRS and chapter 632 of NAC.*

2. The nursing service shall have a sufficient number of registered nurses, licensed practical nurses and other personnel to provide nursing care to all clients as needed.

3. The facility shall ensure that the nursing staff develops and keeps current a plan for nursing care for each client.

4. The administrator shall appoint a chief administrative nurse to direct the nursing service. The chief administrative nurse must:

- (a) Be a registered nurse;*

(b) Be knowledgeable, skilled and competent in clinical practice and the management of nurses;

(c) Be authorized by state law to provide alcohol and drug counseling; and

(d) Comply with the provisions of chapter 632 of NRS and chapter 632 of NAC and follow professional standards established for organized nursing services.

Sec. 19. 1. *Each facility shall provide health services which ensure that each client receives treatment, prescribed medication, adequate diets and other health services consistent with the program administered by the facility.*

2. There must be policies and procedures designed to ensure the early detection of complications or conditions considered to be common among alcohol and drug abusers. The policies and procedures must be developed with assistance from and approved by the medical director of the facility.

3. Before a client is admitted to a facility, a general medical and drug history of the client must be taken by a physician or designated member of the nursing staff of the facility. The history must include, without limitation:

(a) Drugs used in the past;

(b) Drugs used recently;

(c) Drugs of preference;

(d) Frequently used drugs;

(e) Drugs used in combination;

(f) Dosages used;

(g) Date of first usage;

(h) Incidents of overdose, withdrawal or adverse drugs reactions; and

(i) Previous history of treatment.

4. Except as otherwise provided in this subsection, a physical examination and review of the medical and drug history of a client must be conducted by a physician, registered nurse or physician's assistant within 48 hours after the client is admitted to a facility. If the assessment performed by a physician or a member of the nursing staff before a client is admitted to the facility concludes that a physical examination of the client should be completed within less than 48 hours after the client is admitted to the facility to ensure that the needs of the client are met, the physical examination must be conducted within the time recommended in the assessment.

5. Each facility must be able to provide directly, or through written arrangements, laboratory tests as requested by a physician or federal regulations.

6. Referral to an outside health resource must be made only if the resource is able to accept the client. Any records that accompany the client must be either expurgated of any sensitive material or be available only to persons authorized to receive the information under the direction of the physician or administrator. Except where an emergency that threatens a life exists and except as otherwise provided in section 11 of this regulation, no information may be released without the prior consent of the client or his guardian.

7. Each facility shall have written policies and procedures defining the appropriate action to be taken when a medical emergency arises. The policies and procedures must be reviewed and approved by the medical director of the facility.

8. There must be at least one staff person on the premises of the facility at all times who is capable of administering and qualified by the American Red Cross or another similar nationally recognized agency to administer first aid and cardiopulmonary resuscitation. A

staff member who administers first aid or cardiopulmonary resuscitation at the facility must be qualified to administer such care by the American Red Cross or another similar nationally recognized agency.

9. Each client of a facility shall, within 5 days after admission, undergo a Mantoux tuberculin skin test. If the client has no documented history of a two-step Mantoux tuberculin skin test and has not had a single Mantoux tuberculin skin test within the 12 months preceding admission to the facility, the client shall undergo a two-step Mantoux tuberculin skin test.

10. First aid supplies must be maintained and readily available at each facility.

Sec. 20. *1. Each facility shall have a pharmacy directed by a registered pharmacist or a drug room supervised by no less than a currently licensed professional nurse. The pharmacy or drug room must be administered in accordance with all applicable state and federal laws. The facility shall have a full-time, part-time or consulting pharmacist who is responsible for developing, supervising and coordinating all of the activities of the pharmacy service.*

2. Each facility shall have and implement policies and procedures that minimize errors in the administration of drugs. The medical director of the facility and the pharmacist who is responsible for the pharmacy service shall approve the policies and procedures.

3. Drugs and biologicals must be controlled and distributed in accordance with applicable standards of practice and state and federal laws.

4. When a pharmacist is not available at the facility, drugs and biologicals may be removed from the pharmacy or drug area only by a member of the staff who is authorized to remove such substances by the policies and procedures of the facility, which must be established in accordance with state and federal laws.

5. Errors in administering a drug, adverse reactions by a client to a drug and incompatibilities between a drug and a client must be immediately reported to the attending physician of the client.

6. Abuses and losses of controlled substances must be reported to the pharmacist who is responsible for the pharmacy service, the administrator and the chief administrative nurse of the facility, in accordance with all applicable state and federal laws.

7. Information relating to drug interactions and information on drug therapy, side effects, toxicology, dosage indications for use and routes of administration must be available to the professional members of the staff of the facility.

Sec. 21. 1. *Except as otherwise provided in subsection 2, an order for medication or biologicals for a client must be in writing and signed by the practitioner, or other appropriate professional person authorized by state or federal law to order the medication or biological, who is responsible for the care of the patient.*

2. When a telephone or verbal order is used to order medications or biologicals, the order must be:

(a) Accepted only by a person who is authorized by the policies and procedures of the facility, which must be consistent with state law, to accept such an order; and

(b) Signed or initialed by the prescribing practitioner in accordance with the policies and procedures of the facility.

3. Each order for a medication or biological must include, without limitation, the name of the medication or biological, and the dosage, time or frequency of administration and route of administration of the medication or biological.

4. Only a member of the staff of the facility who is authorized by state law to administer medication or biologicals may administer medication or biologicals at the facility.

5. Each facility shall have a system to monitor and improve the process of administering medication and biologicals.

Sec. 22. 1. *Facilities shall serve at least three meals or their equivalent daily, at regular times, with not more than 14 hours between a substantial evening meal and breakfast. A second serving must be provided for those clients who desire one.*

2. Menus must be planned and followed to meet the nutritional needs of the clients in accordance with the recommended dietary allowances recommended by the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

3. Therapeutic menus must be planned by a registered dietitian or must be reviewed and approved by the attending physician of the client or a staff physician.

4. Menus must be in writing, planned in advance, dated and posted and kept on file at the facility for at least 90 days. Any substitution must be noted on the written menu so that the menu on file reflects what was actually served.

5. Adequate facilities and equipment for the preparation, serving, refrigeration and storage of food must be provided and must meet the standards of the health division including, without limitation, the standards set forth in chapter 446 of NAC.

6. Clients needing special equipment, implements or utensils to assist them while eating must have such items provided.

7. If a facility operates on the cottage plan, provision must be made for food service that ensures hot, palatable meals.

8. A professional, qualified person must be used as a consultant on planning meals and serving food. At least 4 hours of consultation each month is required. A person is qualified only if he meets the requirements for registration with the Commission on Dietetic Registration as a dietitian or dietetic technician.

9. A facility that contracts with a food management company shall comply with all applicable regulations of the health division.

Sec. 23. 1. *Each facility shall maintain an organized system for the records of clients.*

2. The records of a client must be available to professional members of the staff of the facility who are directly involved with the client.

3. The records of clients must be available to representatives of the bureau of alcohol and drug abuse in the department of human resources and the bureau of licensure and certification of the health division.

4. The records of clients must include, without limitation:

(a) Identification information;

(b) Past medical and social history;

(c) Copies of initial and periodic examinations;

(d) Evaluations and progress notes; and

(e) Assessments and goals of the plan of treatment of each client.

5. The plan of treatment must state what service or person is responsible for providing treatment or services to the client.

6. Entries must be made describing treatments and services rendered, medications administered, and any symptoms or other indications of illness or injury, including, without limitation, the date, time and action taken regarding each incident.

7. Records must be adequately safeguarded against destruction, loss or unauthorized use.

8. Records must be retained for at least 5 years following the exit of a client from a facility.

9. A discharge plan, as determined by a case management assessment of the client, must be documented for each client discharged from the facility.

Sec. 24. 1. Each facility shall meet all state and local environmental health standards.

2. A facility that provides dietary services shall have food service equipment of appropriate quality and type for the type of food service program used by the facility. The equipment must comply with the regulations set forth in chapter 446 of NAC.

3. All environmental health inspection reports must be on file in each facility. Any deficiencies must be corrected within 90 days after they become apparent and must be documented in the file.

4. The premises and equipment of each facility must be maintained in a sanitary condition. Each facility shall have the necessary cleaning and maintenance equipment with sufficient storage areas and appropriate procedures to maintain a clean and orderly establishment. Janitorial supplies, including, without limitation, aerosols, must be stored in areas separate from clean linen, food and other supplies. The storage of dirty linen must be separate from the storage of clean linen, food and other supplies.

5. Items for personal use, including, without limitation, combs, toothbrushes, towels and bar soap must not be shared by clients.

6. Restrooms or lavatories for the staff of a facility must be provided with soap dispensers and individual, disposable towels.

Sec. 25. 1. Each facility shall have the proper equipment for the sanitary washing and finishing of linen and other washable goods or shall maintain a written agreement with a commercial establishment to provide laundry services.

2. The laundry area of a facility must be situated in an area of the facility that is separate and apart from any room where food is stored, prepared or served. The laundry area must be well-lighted, ventilated, adequate in size to house equipment, maintained in a sanitary manner and kept in good repair.

3. Soiled linen must be collected and transported to the laundry in washable or disposable containers in a sanitary manner. Soiled linen must not be transported through areas of the facility used for preparing or serving food.

4. Clean linen to be dried, ironed, folded, transferred or distributed must be handled in a sanitary manner in accordance with a written plan maintained by the facility.

5. Closets for storing linen and laundry supplies must be provided and must not be used for any other purpose.

Sec. 26. 1. Before the construction of a facility or an alteration to an existing facility is begun, a copy of the building plans drawn to scale must be submitted to the health division for its review and advice. A review of building plans conducted pursuant to this section is advisory and does not constitute approval of the completed construction.

2. The health division shall not approve the plans for licensing until all construction has been completed and a survey is conducted at the site.

Sec. 27. 1. The state board of health hereby adopts by reference the "NFPA 101: Life Safety Code," 1994 edition, published by the National Fire Protection Association. A copy of the code may be obtained from the National Fire Protection Association, 11 Tracy Drive,

Avon, Massachusetts 02322, for the price of \$42.00 for members of the National Fire Protection Association, or \$46.75 for nonmembers, plus \$5.95 for handling.

2. Each facility shall comply with all currently adopted life safety, fire, health division and zoning codes. If there is a difference between state and local codes, the more stringent standards apply.

3. Facilities housing 17 or more clients shall meet the requirements of chapter 16, "Hotel and Dormitories" of the "NFPA 101: Life Safety Code," 1994 edition. Facilities housing not more than 16 clients shall meet the requirements of chapter 20, "Lodging or Rooming Houses" of the "NFPA 101: Life Safety Code," 1994 edition.

4. New and remodeled facilities shall comply with all currently adopted building, electrical and plumbing codes.

Sec. 28. *1. No room or space of a facility may be occupied for sleeping, living or dining that is accessible only by a ladder, by folding stairs or through a trapdoor.*

2. If a basement of a facility is used for living and dining, at least one exit must be provided directly to the outside at ground level. No facility may:

(a) Be situated more than one story below the ground; and

(b) Use any basement or space in a basement for sleeping.

3. Each room of a facility used by clients for sleeping must:

(a) Be provided and furnished with a bed, clean linen and blankets;

(b) Not be less than 60 square feet; and

(c) Not be used for sleeping by more than four clients.

4. Toilet facilities and bathing facilities must be provided to clients in a manner that ensures their privacy while bathing and in an adequate number to meet the needs of the clients.

Sec. 29. 1. Devices for the detection of combustion other than heat detectors must be installed on the ceiling of each story of a facility, in front of doors to stairways in a facility, and at not more than 30 feet apart in the corridors of all floors of a facility, including, without limitation, the center. Smoke detectors must also be installed in the center of any lounge or recreational area of a facility. The smoke detectors may be single station units with an integral alarm.

2. Portable fire extinguishers must be installed throughout each facility at the direction of the fire authority having jurisdiction.

3. Any facility with a kitchen range with an upper surface of not more than 15 square feet must provide the range with an exhaust hood having an automatic fire protection system in accordance with chapter 96 of the “NFPA 101: Life Safety Code,” 1994 edition.

4. Portable room heating devices are prohibited in facilities. Any heating device other than a central heating plant must be so designed and installed that combustible material will not be ignited by it or its appurtenance.

5. Receptacles or outlets serviced by extension cords are prohibited in facilities.

6. Rooms in which smoking is allowed by direction of the facility or the fire authority must be provided with plainly visible “Smoking Area” signs.

7. Each facility shall conduct fire drills at least monthly and a written record of each drill conducted must be retained in the facility.

Sec. 30. 1. *Each facility shall develop a written plan for disasters that outlines procedures for members of the staff and clients to follow in case of fire or another emergency and provides for meeting the needs of clients if the facility must be evacuated or is destroyed.*

2. A simple floor plan showing the routes for evacuating must be posted in prominent locations on each floor of the facility.

3. The facility shall notify the bureau if a fire or disaster causes damage to the physical structure of the facility.

4. Each facility shall conduct a disaster drill at least annually and retain a written record of the drill in the facility.

Sec. 31. 1. *A newly acquired, newly constructed or substantially remodeled facility shall be accessible to and functional for clients, personnel and the public. All necessary accommodations must be made to meet the needs of persons with physical disabilities, including, without limitation, sight and hearing disabilities, disabilities of coordination and any other disabilities.*

2. There must be a primary entrance to each facility that is usable by persons in wheelchairs.

3. Stairs in each facility must be equipped with handrails, at least one of which extends past the top and bottom steps.

4. Floors of each facility must have a nonslip surface and must be on a common level or connected by a negotiable ramp.

5. At least one toilet room in each facility must be accessible to and usable by disabled persons.

6. At least one public telephone in each facility must be accessible to and usable by disabled persons.

7. At least one water fountain in each facility must be accessible to and usable by disabled persons.

8. A sufficient number of sleeping rooms with doors that are a minimum of 36 inches wide must be provided for clients with physical disabilities that require them to use a wheelchair.

9. Simultaneous audible and visual warning signals must be provided in each facility.

Sec. 32. 1. *No facility that accepts a person for treatment for whom all or part of the payment for treatment is made from the money of the welfare division or any other agency funded in whole or in part by federal money may deny treatment to a prospective client on the grounds of race, color, national origin, age, gender or disability.*

2. No client may be segregated, given separate treatment, restricted in the employment of any advantage or privilege enjoyed by others under the program or provided with any aid, treatment, services or other benefits which are different or provided in a different manner from that provided to others under the program on the grounds of race, color, national origin, age, gender or disability.

3. Employment practices of a facility, including, without limitation, hiring, firing, the rate of remuneration, assignments or work hours may not be based on race, color, national origin, age, gender or disability.

Sec. 33. NAC 449.016 is hereby amended to read as follows:

449.016 1. Except as otherwise provided in NAC 449.0168, an applicant for a license to operate any of the following medical facilities or facilities for the dependent must pay to the

health division a nonrefundable fee of \$50 for each bed in the facility and the following nonrefundable fees:

- (a) A skilled nursing facility..... \$1,200
- (b) A hospital..... 1,200
- (c) An intermediate care facility for the mentally retarded or persons with developmental disabilities..... 750
- (d) An intermediate care facility, other than an intermediate care facility for the mentally retarded or persons with developmental disabilities..... 1,200
- (e) A residential facility for groups.....500
- (f) A facility for the treatment of abuse of alcohol or drugs..... 500
- (g) A freestanding facility for hospice care.....1,200
- (h) A facility for modified medical detoxification..... 500***

2. An applicant for the renewal of such a license must pay to the health division a nonrefundable fee of \$35 for each bed in the facility and the following nonrefundable fees:

- (a) A skilled nursing facility..... \$1,100
- (b) A hospital..... 1,100
- (c) A rural hospital..... 600
- (d) An intermediate care facility for the mentally retarded or persons with developmental disabilities..... 600
- (e) An intermediate care facility, other than an intermediate care facility for the mentally retarded or persons with developmental disabilities..... 600
- (f) A residential facility for groups..... 300
- (g) A facility for the treatment of abuse of alcohol or drugs..... 300

(h) A freestanding facility for hospice care.....600

(i) A facility for modified medical detoxification..... 300

3. An application for a license is valid for 1 year after the date on which the application is submitted. If an applicant does not meet the requirements for licensure imposed by chapter 449 of NRS or the regulations adopted pursuant thereto within 1 year after the date on which he submits his application, he must submit a new application and pay the required fee to be considered for licensure.

Sec. 34. NAC 449.0165 is hereby amended to read as follows:

449.0165 An applicant for a license or the renewal of a license to operate a medical facility, facility for the dependent or program of hospice care who wishes or is required pursuant to NAC 449.4063 *or section 26 of this regulation* to have building plans for new construction or remodeling reviewed by the health division must:

1. Submit to the health division the building plans and his application for a license or renewal of a license; and
2. Pay to the health division:
 - (a) For the initial review of each plan submitted, a fee of \$360; and
 - (b) For each subsequent review of a plan submitted, a fee of \$130.

FLUSH The fees required to be paid pursuant to this subsection are not refundable and are in addition to the fees charged for the issuance or renewal of the license pursuant to NAC 449.013 or 449.016.

Sec. 35. This regulation becomes effective on January 1, 2000.